VERIFICATION OF DISABILITY

Disability Services

DATE: _____

Student ID: _____ Student Date of Birth: _____

Student Name: _____

My signature grants the release of the requested information to Indiana Wesleyan University.

Student Signature: _____

The above student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation from Indiana Wesleyan University due an impairment. In order to consider the request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, IWU policy requires that a qualified professional provide current and comprehensive verification of the impairment. To be considered current, the professional statement must be **within three (3) years** prior to the date of the most recent request of the student. The professional(s) conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified professional includes a licensed school psychologist, licensed rehabilitation counselor, speech and language pathologist, physician, or other appropriate medical professional.

The documentation and information provided must be sufficient to support current functional limitations. It should include information that diagnoses the impairment, indicates the severity and longevity of the condition, and offers recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations.

To facilitate the gathering of such critical information, please complete this form, attach the diagnostic report, and fax, scan, or mail to:

Disability Services
Indiana Wesleyan University
4201 S Washington
Marion, IN 46953
FAX: 765-677-2140
ADARequest@indwes.edu

If you have questions regarding this request, please contact: Disability Services,765-677-2257; email: ADARequest@indwes.edu.

1. Diagnosis: _____

_____

2. Date of diagnosis: _____ If temporary, date will expire_____

3. What recommendations do you have regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at Indiana Wesleyan University? (Describe aids.)

_____

_____

_____

_____

_____

4. Please attach and/or describe other information relevant to this student's academic adjustment.

_____

_____

_____

_____

Professional's Signature: _____ **Date:** _____

Printed Name and Title: _____

Daytime Phone Number: _____ **Fax:** _____

Address: _____

_____